

Background & Instructions

- Clinical features, together with elevation of pancreatic enzymes, are the key diagnostic indicators of acute pancreatitis.
- The current British Society of Gastroenterology guidelines (2005) for the management of acute pancreatitis has suggested a preference towards the measurement of lipase levels.
- Amylase is the most commonly measured enzyme in the UK due to the availability of cheap, easily automated methods. The main drawback is the lack of specificity for the pancreas; amylase exists as 2 isoenzymes in the circulation from both pancreatic and non-pancreatic (mainly salivary) sources in equal amounts. Non-specificity of amylase can lead to diagnostic confusion.
- Currently, there are no standards or guidance for pancreatic enzyme testing in Biochemistry laboratories across Scotland.

To complete this survey, you will require pancreatic enzyme test(s) information including: methods, workload, TAT, cost and EQA participation. There are 9 questions.

A separate response for each hospital within your health board that offers these tests (either in house or sendaway) is required. If practice is standardised across your health board a single response is sufficient but please state this in your answer to Q1.

Thank you for participating in our survey. Your response is important.

Sent on behalf of ACB Scotland Clinical Audit Group.

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Pancreatic enzyme tests

Respondent information

* 1. Please state the name of your hospital.

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Pre-analytical

2. Does your laboratory include tests for acute pancreatitis in symptom/disease-specific order sets (e.g. abdominal pain or ?pancreatitis)?

Other (please specify)

3. Are you aware of any criteria or guidelines used in your hospital for test requesting in cases of suspected acute pancreatitis?

	Yes	No	Don't know
Locally-developed guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
British Society of Gastroenterology guidelines, 2005	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

4. If your laboratory provides total amylase as a front-line test, do you add on lipase/amylase isoenzymes if total amylase is elevated (e.g. by LIMS reflex rules or DB intervention)?

Please provide relevant details

Pancreatic enzyme tests

Analytical

Relating to tests provided *locally (within your hospital)*

5. Please provide the following details (for tests performed in house):

a) Method, b) Approximate workload (GP/hospital), Quoted TAT, d) Cost, e) Ref range/alert limits including source, f) EQA participation.

Total amylase
(serum/plasma)

Pancreas-specific amylase
(serum/plasma)

Lipase (serum/plasma)

Macro-amylase
(serum/plasma)

Urine tests (e.g. amylase,
lipase)

Fluid tests (e.g. amylase)

Other (e.g. amylase
isoenzyme fractionation,
macro-lipase)

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Analytical
Relating to *send-away* tests

6. Please provide details of tests sent to other laboratories *within your health board* (test, laboratory, method, approximate numbers, TAT).

7. Please provide details of tests sent to *external laboratories* (test, laboratory, method (if known), approximate numbers, TAT, cost).

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8. Does your laboratory report amylase:creatinine clearance ratio (ACCR)?

If yes, what cut-offs do you use? (please provide source if known)

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Pancreatic enzyme tests

Post-analytical Interpretation of results

9. Does your laboratory provide any interpretive comments or flags on reports (if so, please provide details).
Alternatively, do you know which cut-off is used in local clinical protocols for diagnosis of acute pancreatitis?

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Done